



# INDIAN MEDICAL ASSOCIATION



# IMA NEWS

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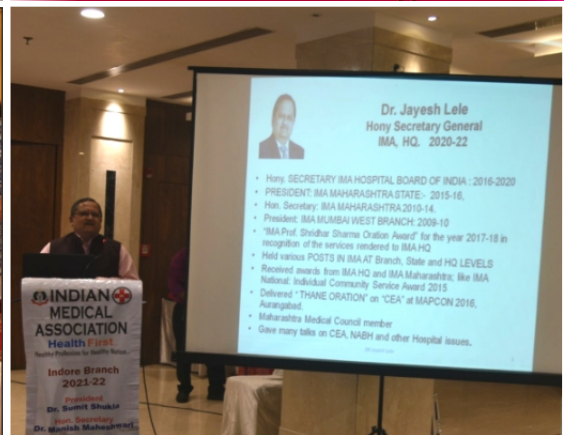
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IMA Hubballi Annual CME - 2022  
IMA National AMS Meet

PRIORITY IN RURAL HEALTHCARE & DIGNITY OF PROFESSION

## ACTIVITIES OF NATIONAL PRESIDENT & HONORARY SECRETARY GENERAL





## From the desk of National President, IMA



From the Desk of National President, IMA

June has been the month of heat waves spreading across the country especially in northern India. Many Organizations and electronic media were seen active in disseminating information regarding effects of heat and their prevention. Our clinics and hospitals were also seen flooded with patients suffering from heat stroke, dehydration etc. I appreciate the efforts of local Branches and members of IMA who took keen interest in organizing camps and other activities in spite of the severe heat wave.

The entire membership was agitated and concerned over the Draft Regulation displayed by National Medical Commission (NMC) on Registered Medical Practitioner (Professional Conduct) Regulations 2022 in public domain. Indian Medical Association has several rounds of meetings with State leaders to discuss the key issues concerning our profession in the Draft Regulations. IMA HQs constituted a Committee under the Chairmanship of Vedprakash Mishra, Dean, IMA Academic and Accreditation Board for furnishing observations on the said Draft Report based on the suggestions made by the members of Indian Medical Association. IMA HQs received a large number of suggestions which were considered by the Committee. The Committee, after going through the various observations & suggestions and extensive deliberations with members submitted its report. The Report submitted by the above Committee was endorsed and adopted in the meeting of State Presidents & Secretaries, Past National Presidents and General Secretaries, all Office Bearers, members of IMA Standing Committee for Medical Ethics, State Medical Councils and Federation of Medical Association (Specialty Associations). The observations of IMA were sent to NMC on 21st June 2022. In the meeting of NMC held on 23rd June 2022, I took the opportunity to reaffirm the observations of IMA to be incorporated in the final Draft Regulations.

Mean-while a delegation of Indian Medical Association met with Hon'ble Union Health Minister, Govt. of India, Shri Mansukh Mandaviya ji to expedite the pending issues concerning Indian Medical Association.

IMA is celebrating National Doctors' Day on July 1st to commemorate the birth and death anniversary of Dr. Bidhan Chandra Roy. IMA celebrates this day all over the country by conducting health activities in nearly all of its local branches. An award Ceremony is being planned at IMA (HQs) New Delhi on 1st July for conferring awards to doctors of eminence who have inspired us throughout their dedicated services to humanity and contributed to the medical field in a big way. Hon'ble Union Minister of Health Shri Mansukh Mandaviya Ji has kindly consented to be the Chief Guest of the Doctors' Day Award Ceremony. Chief Patron, Dr. Ketan Desai has also consented to bless the occasion by his gracious presence.

The Election process of elected office-bearers of IMA HQs has already begun. Democratic process of elections will continue as usual with participation of a large number of enthusiastic members who would like to work for the Association. I appeal to all members to encourage able and active leaders to come forward and participate in the elections.

Wishing you Happy Doctors' Day.

**Dr. Sahajanand Pd. Singh**  
National President, IMA



Dear Friends,

Warm Greetings and Best Wishes to the family of IMA. IMA NEWS is the key source for contacting its beloved members by which the activities of IMA spread across the country.

The World No Tobacco Day was observed on 31st May, 2022 by following the WHO theme for 2022 WNTD is “#Tobacco-Threatto Environment”. All IMA branches of IMA had organised awareness rallies, workshops/symposiums/ lectures for media/public/social groups/police, given talk shows on Radio/TV, distributed pamphlets, stickers, arranged oral lesion/Cancer detection camps etc. Tuberculosis Awareness Rally was organized by our IMA Pune Branch 24th March 2022

IMA Cycling Club celebrated World Bicycle Day on 3rd June, 2022. World Bicycle Day celebrates the bicycle as a simple, affordable, reliable, clean and environmentally fit sustainable means of transportation that can serve as a tool for development and as a means not just of transportation but also of access to education, health and sport. Six State UP, UK and HP were involved with six districts Meerut, Muzzafarpur, Haridwar, Dehradun, Sirmaur & Saharanpur and cover 450 kilometres within 24hours of cycling

IMA HQs celebrated World Environment Day on 5th June 2022. On this day saplings were planted by office bearers of IMA. The day was observed to raise awareness about the need to protect and restore our environment. Climate changes have put not only human health but animal and plant health also into crisis. The day was celebrated at National, State and Local level and raised awareness among the membership and in public in the following areas: - Decreasing Green House Effect, grow plants, Renewable Solar Energy, No to plastic, Biomedical waste disposal Monitoring and Save water

IMA HQs along with IMA Standing Committee for Medical Ethics has organized a Webinar on “Medico Legal Problems and Ethics” on 10th June, 2022 on the topics: - Self Regulation, Tele Medicine and Privacy and Confidentiality

Doctors’ Day will be observed on 1st July 2022 To commemorate National Doctors Day, IMA is organizing an Award Ceremony 2022 on 1st July, 2022 at IMA HQs to honour our doctors who have inspired us through their dedicated service to humanity.

Draft Regulation on National Medical Commission (NMC) on Registered Medical Practitioner (Professional Conduct) Regulations 2022 was placed in public domain through NMC’s Website. In this regard, National President, IMA Dr. Sahajanand Prasad Singh constituted a committee, under the Chairmanship of Dr. Vedprakash Misra, Dean, IMA Academic and Accreditation Board. With the efforts of the said committee and other members, IMA has submitted its observations and suggestions to NMC on the above Draft Regulation.

Looking forward to meeting you next month through our IMA NEWS.

Long Live IMA!

**Dr Jayesh Lele**

Honorary Secretary General, IMA



[Email regarding Practical Difficulties in disposal of the Liquid Waste of the Healthcare Establishments under BMW Rules 2016 and amendments suggested](#)

To

Shri Bhupender Yadav Ji  
Hon'ble Minister of Environment, Forest & Climate Change,  
Government of India

Respected Sir,

Greetings from Indian Medical Association (Hqs.) !

Indian Medical Association, the national organization of more than 4 Lakhs Modern Medicine Doctors is committed to public health and clean environment. We have been voicing our studied opinion in various matters related to health of the citizens of the country.

Sir, we are thankful to you that various issues highlighted during the last meeting with you have been addressed to in a positive manner and things are moving in right direction, but one very important issue of liquid waste management is still pending and needs your kind attention in bringing it to the logical conclusion.

As per BMW Rules 2016 amended up to 2019, The Schedule II Section 8 (reproduced below) has laid down certain parameters for combined liquid waste discharge of the Healthcare Establishments/ Hospitals for those connected with End terminal Sewerage Treatment Plants (STPs) and without End STPs. Further sub section 3 of this mandates that every health care establishment (HCE) will have to comply with these parameters.

**8. STANDARDS FOR LIQUID WASTE. –**

1. The effluent generated or treated from the premises of occupier or operator of a common bio medical waste treatment and disposal facility, before discharge into the sewer should conform to the following limits

PARAMETERS	PERMISSIBLE LIMITS
pH	6.5-9.0
Suspended solids	100 mg/l
Oil and grease	10 mg/l
BOD	30 mg/l
COD	250 mg/l
Bio-assay test	90% survival of fish after 96 hours in 100% effluent.

2. Sludge from Effluent Treatment Plant shall be given to common bio-medical waste treatment (facility for incineration or to hazardous waste treatment, storage and disposal facility for disposal.

“Note–

1. Above limits are applicable to the occupiers of Health Care Facilities (bedded) which are either connected with sewerage network without terminal sewage treatment plant or not connected to public sewers.
2. For discharge into public sewers with terminal facilities, the general standards as notified under the Environment (Protection) Act, 1986 (29 of 1986) shall be applicable.
3. Health Care Facilities having less than ten beds shall have to install Sewage Treatment Plant by the 31st December, 2019.
4. Non-bedded occupiers shall dispose infectious liquid wastes only after treatment by disinfection as per Schedule – II (6) of the principal rule.”.

Respected Sir, IMA earnestly requests you to kindly exempt small to medium Hospitals from these parameters as it is impractical and financially unviable for small to medium hospitals to comply with these standards as it entails setting up of STPs at huge investments and will also involve lots of space and neighborhood objections.

Respected Sir, our humble submission is to make following changes in the BMW Rules:

1. Replace Point No 2 with
2. For discharge into public sewers with terminal facilities, the general standards as notified under the



Environment (Protection) Act, 1986 (29 of 1986) shall be applicable only to Healthcare Establishments having more than 50 beds.

**2. Delete Point no 3 under Notes**

It has already been clarified vide CPCB notifications that all Healthcare establishments connected to a sewerage system with terminal STP do not need to install STP of their own.

Details are given in Annexure 1. Rationale in support of this demand of IMA is attached herewith.

Sir, it is you only who can provide this big relief to small to medium HCEs without compromising the efforts to prevent pollution of water bodies and resources. We will be highly indebted to you for this act.

Yours sincerely,

Dr. Sahajanand Prasad Singh,  
National President

Dr. Jayesh Lele  
Honorary Secretary General

**RATIONALE FOR ACCEPTING THE ABOVE CHANGES SUGGESTED BY IMA**

A. We could not find any scientific data or study to technically support the compulsion of meeting these standards by the HCEs and its expected impact on the water quality or prevention of water pollution.

In fact there seems to be no information available with CPCB too regarding contribution by HCEs towards water & air pollution. This has been replied by CPCB in response to RTI dated 23-07-2019, points no. 3 & 4 (attached).

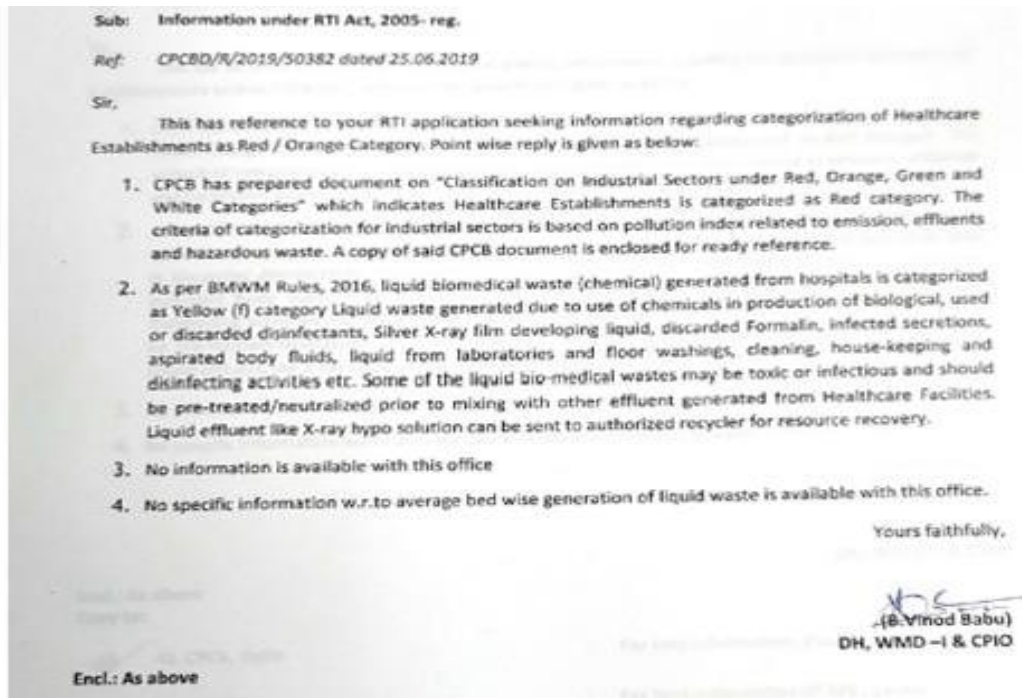
**Description of Information Sought**

Respected Sir/Madam,

Healthcare Establishments are registered under Bio Medical waste authorization and have also been put under Red & Orange Category for CTO.

My queries to you are:

1. You are requested to kindly provide all the studies conducted to justify putting Healthcare Establishments under Red & Orange category.
2. Please also give any studies/data showing that hospital liquid waste is in what ways more toxic than domestic liquid waste.
3. Please give the percentage contribution of domestic, industrial and healthcare establishments in water and air pollution.
4. Kindly provide average quantity of liquid waste generated by Healthcare establishments bed wise in the blocks of: up to 10 beds, 11 to 30 beds, 31 to 50 beds, 51 to 100 beds and above 100 beds.





B. As per CPCB /ENVIS website 80% of the water pollution is by domestic contribution and rest by big industries (<http://www.cpcbenvnis.nic.in/faq.html>). Contribution by HCEs is negligible. (Screen shot attached)



### What are the 17 Categories of the major polluting industries?

The 17 Categories of the major polluting industries:

- Aluminium Smelter
- Caustic Soda
- Cement
- Copper Smelter
- Distilleries
- Dyes & Dye Intermediates
- Fertiliser
- Integrated Iron & Steel
- Tanneries
- Pesticides
- Petrochemicals
- Drugs & Pharmaceuticals
- Pulp & Paper
- Oil Refineries
- Sugar
- Thermal Power Plants
- Zinc Smelter



### What are sources of water pollution and wastewater generation scenario?

It is estimated that 75% to 80% of water pollution by volume is caused by domestic sewage.

#### The major industries causing water pollution include:

Distilleries, Sugar, Textile, Electroplating, Pesticides, Pharmaceuticals, Pulp & paper mills, Tanneries, Dyes and dye intermediates, Petro-chemicals, steel plants etc. Non-point sources such as fertilizer and pesticide run-offs in rural areas also cause pollution. Only 60% of chemical fertilizers are utilized in soils and the balance is leached into soil polluting the ground water. Excess phosphate run-off leads to eutrophication in lakes and water bodies.

C. In view of absence of any conclusive data in the public domain, IMA carried out a comparative study of analysis of domestic and hospital liquid waste in major cities of Punjab by MoEFCC and PPCB recognised lab at Thapar Technical Campus. It was found that domestic liquid waste is no different from Hospital liquid waste. Hence there is no rationale to ask HCEs to comply with standards while domestic liquid waste which contributes about 80% towards water pollution as per CPCB Envis and is similar to hospital liquid waste is being allowed to be drained in public sewers as such. (Comparative Report attached)

Comparative Study			
Parameters	Standards	Hospitals	House hold
pH	6.5-9.0	7.35	7.58
TSS	100mg/l	142.7	195.75
COD	250mg/l	201.6	129.62
BOD	30mg/l	21.85	48.38
OG	10mg/l	10.95	30
Bioassay	100%	46.15%	50%

Detailed results are given in Annexure 2

It is clear from this study that it is doubtful that any such compliance will in reality improve the water quality of water bodies and sources to such an extent that this compliance is justifiable. On the other hand, insistence to comply with these standards by each HCE will put great financial burden and strain



on the small to medium hospitals and may even force their closure on mass scale, thus disrupting the affordable and personalised next door healthcare services to a great extent.

- D. More over respected Sir, it doesn't make any sense to first treat the liquid waste as per standards and then throw it into sewers to be treated again at terminal STP of the local bodies. It will be a sheer wastage of money, energy and water as lot of water and energy is needed to run a STP.

Sir, exempting small to medium HCEs from these parameters will not pose any danger to the environment or water sources. HCEs are already disinfecting the liquid waste to take care of the microbial load and not discharging their liquid waste directly into water bodies or open drains/lands. They are draining into public sewers and their liquid waste is ultimately going to be treated at end STP installed by local bodies.

Therefore, we reiterate our demand to make amendments in the BMW Rules 2019 as requested. Sir, we are sure that you will accept our request and provide relief to Small and Medium Healthcare Establishments in the larger interest of the general public.

#### Annexure 2

#### Liquid Waste Analysis

This analysis was carried out in various cities of Punjab both in hospitals with less than 50 beds and households. Analysis was carried out by SAI Labs, Thapar Technical Campus, Patiala. This is a central facility in the Thapar University Campus to carry out high end testing, consultancy & research. In addition to research programs, it was envisaged to have state of the art testing & characterization facility to cater to the high-end testing needs of the industry, society as well as educational institutes. It is recognized as Environmental Laboratory by Ministry of Environment and Forest (MoE&F) and Punjab Pollution Control Board (PPCB).

CAT	pH	TSS	COD	BOD	OG	BIO
STD	6.5-9.0	100MG/L	250MG/L	30MG/L	10MG/L	100%
<b>DOMESTIC</b>						
H1ELDH	7.9	164	32	5	2.8	100
H2FLDH	7.4	10	10	5	101	100
H1EJLD	7.9	48	75	19	4.1	0
H2FJLD	7.2	58	129	25	6.9	100
H1EASR	7.6	54	158	39	8.2	0
H2FASR	7.9	10	28	5	0.7	100
H1E BTA	6.9	182	223	59	1.1	0
H2FBTA	7.9	1040	382	230	115	0
TOTAL	60.7	1566	1037	387	239.8	400
<b>AVG.</b>	<b>7.58</b>	<b>195.75</b>	<b>129.62</b>	<b>48.38</b>	<b>30</b>	<b>50%</b>
<b>HOSPITALS</b>						
HpaLDH	7.3	402	560	141	47.7	100
HPbLDH	7.5	20	73	42	2.8	0
HpaJLD	7.2	36	100	25	4.3	0
HPeJLD	7.5	42	79	40	2.9	100
HPdJLD	8.1	28	21	5	1.8	100
HpaASR	7.6	10	40	5	1.2	100
HPdASR	7.3	244	316	87	10.1	0
HpaBTA	7	62	60	20	5.7	100
HPbTA	7	240	474	257	11.3	
HpaPTA	7.8	78	141	28	9.2	0
HPbPTA	7	164	212	66	18.4	100
HPePTA	7.1	406	200	87	19.9	0
HPdPTA	7.2	124	345	181	7.1	0
TOTAL	95.6	1856	2621	984	142.4	600
<b>AVG</b>	<b>7.35</b>	<b>142.7</b>	<b>201.6</b>	<b>21.85</b>	<b>10.95</b>	<b>46.15%</b>





**Annexure 1**  
**Proposed Amendments in the Bio Medical Waste Rules 2016 as amended upto 2019**

Existing	Proposed	Remarks
<p>"Note–</p> <p>1. Above limits are applicable to the occupiers of Health Care Facilities (bedded) which are either connected with sewerage network without terminal sewage treatment plant or not connected to public sewers.</p> <p>2. For discharge into public sewers with terminal facilities, the general standards as notified under the Environment (Protection) Act, 1986 (29 of 1986) shall be applicable.</p> <p>"3. Health Care Facilities having less than ten beds shall have to comply with the output discharge standard for liquid waste by 31st December, 2019.</p>	<p>"Note–</p> <p>1. Same</p> <p>2. For discharge into public sewers with terminal facilities, the general standards as notified under the Environment (Protection) Act, 1986 (29 of 1986) shall be applicable</p> <p>only to Health care Establishments having more than 50 beds.</p> <p>3. Delete</p>	<p>1. These standards can't be achieved without installation of ETP/STP and for small to medium hospitals it is very difficult due to space and financial constraints. Neighbourhood will also object to setting up a STP near their dwellings</p> <p>2. Most of the liquid output discharge in HCEs is like domestic liquid waste.</p> <p>3. More than 80% sewage discharge in common collection public sewers is domestic &amp; is same as that from HCEs.</p> <p>4. 95% patients who take domestic /OPD treatments utilize public sewage</p> <p>5. Only about 5% of the OPD patients are admitted and contribute towards hospital liquid output discharge which is not more hazardous than OPD patients. More over their liquid discharge is ultimately going to be treated at terminal STP installed by municipal bodies and so this waste water of HCEs doesn't pose any challenge to the environment or water sources</p>



To,  
Shri Om Birla Ji  
Honorable Speaker, Lok Sabha  
Parliament of India

CONSUMER PROTECTION ACT, 2019  
"DOCTORS ARE IN DILEMMA "

"Is Healthcare services are in the ambit of Consumer Protection Act, 2019 or not.

1. CPA, 1986 was enacted on 24th December, 1986 and enforced on 15th April, 1987.
2. Many amendments were done in CPA in years 1991, 1993 and 2002.
3. Now the CPA 1986 is repealed and amended then by the new CPA Act - 2019
4. CPA 2019, was notified in Gazette on 9th August 2019
5. CPA – Rules – 2020 are notified in Gazette on 15th July 2020
6. CPA rules were declared to be implemented from 20th July 2020

The problem is the "Healthcare" services fall in the consumer protection act 2019 only because of Supreme Court and this new Act is more stringent than the old one.

FACTS / REASONS TO SUPPORT THIS THOUGHT OF REMOVING MEDICAL PROFESSION FROM CP ACT:

1. "Healthcare" word was not there in CPA, 1986
2. But Healthcare came in the ambit of Consumer Protection Act after the judgment of Hon'ble Supreme Court by three judges bench on the case "IMA versus V P Shantha 1995"

And henceforth, the patient became the consumer and the doctor treated as a Service Provider and Doctors are sued in the consumer courts.

The "Healthcare" word is also not in this new act but there is no change in the clause of "Personal Care Service".

The word "Healthcare" is still neither included / mentioned in CPA, 2019.

1. Consumer Protection Act 2019 is an Act of Parliament of India. It repeals and replaces the Consumer Protection Act 1986.

As this is the new Act and not amendments, so it should be interpreted in a fresh way by the judiciary by examining the intention of parliament behind enacting this new act.

2. The Consumer Protection Bill 2019 was introduced in the Lok Sabha on 8th July 2019 by the Minister of Consumer Affairs, Food and Public Distribution, Mr Ram Vilas Paswan. It was passed by Lok Sabha on 30th July 2019 with high controversy on the issue of inclusion of Healthcare. The word "Healthcare" was there in section 2(42) of the CPA bill 2018 which was passed in LOK SABHA after the word "Telecom".

After that, the bill which was passed in Rajya Sabha on 6th August 2019, do not contain the word "Healthcare" in section 2(42).

The reason stated by Minister Mr. Ram Vilas Paswan about removing Healthcare is that many Members of Parliament do not want Healthcare in this Bill. Reason behind this is that if the doctors are included in CPA then they become more defensive due to fear of CPA and he quoted the example of Headache and Cough. The doctors are bound to do investigations.

If patient goes to doctor for simple complaint and due to fear of CPA, doctor may advice many investigations before prescribing a simple painkiller and the treatment gets delayed and costly also, so the "Healthcare" is struck off from the new Bill.

And the bill received assent from the President of India, Shri Ram Nath Kovind Ji on 9th August 2019 and notified in Gazette of India on the same date.

This proves that the intention of Parliament is to keep Healthcare Professionals out of the ambit of CPA.

Please "SAVE THE DOCTORS" by removing "Healthcare" from Consumer Protection Act.

Thanking you and looking forward for your blessings,

Dr. Sahajanand Prasad Singh,  
National President

Dr. Jayesh Lele  
Honorary Secretary General



## स्वास्थ्य सेवाएँ CPA से बाहर क्यों होनी चाहिये – कारण

1. यह सेवाएँ CPA 1986 में नहीं थी एवं CPA 2019 में नहीं जोड़ी गयी थी, उस समय के मा. उपभोक्ता मामलात मंत्री जी की भी सदन में भावना यहीं थी कि इससे आम व्यक्ति के लिए सामान्य बीमारियों में भी इलाज की सुविधाएँ व दरें महंगी होती है।
2. इस एक्ट के कारण डॉक्टर व रोगी के बीच विश्वास का रिश्ता टूटता है एवं उन्हें व्यापारी व ग्राहक के संबंधों में उतार दिया गया है ऐसी स्थिति में गरीब मरीज आपात स्थिति में परेशान होते हैं।
3. कर्नाटक हाईकोर्ट 2016 के निर्णयानुसार (Dr. Ganesh v/s Var Sammno) न्यायालय ने माना था कि चिकित्सकों पर पैसे की उगाही के लिए भी इस एक्ट के अंतर्गत झूठे मुकदमे दायर किये जाते हैं।
4. प्रोफेशनल श्रेणी में से चार्टर्ड एकाउन्टेन्ट एवं वकीलो को भी इस एक्ट से बाहर रखा गया है। ठीक उन्हीं के प्रकार से चिकित्सकों पर भी सरकार द्वारा प्रस्तापित Medical Council अपना प्रशासन रखती है।
5. उपभोक्ता न्यायालयों में यह सिद्ध करना बहुत मुश्किल हो गया है कि वास्तव में यह Medical Negligence है या उस बीमारी की अज्ञात जटिलता है। कई बार मुकदमों में 10–20 वर्षों का समय लग जाता है एवं चिकित्सक प्रताड़ित होता है।
6. Consumer Cases के बचाव के क्रम में Medical Profession में जूनियर डॉक्टर एवं निर्सिंग स्टाफ मरीज के इलाज से मजबूरन ध्यान हटाकर फॉर्म भरने एवं रिकॉर्ड भरने को बाध्य होते हैं। इस से मरीजों का नुकसान होता है।



06.06.2022

**REQUEST TO CONSIDER THE DEMANDS OF IMA PENDING WITH VARIOUS MINISTRIES**

To,  
Shri Nitin Gadkari Ji,  
Minister of Road Transport and Highways  
Government of India

Respected Sir,

Greetings from Indian Medical Association!

This is to seek your support and help in resolving the pending demands of IMA which are to be considered by the Government.

Our Hon'ble Health Minister, Shri Mansukh Mandaviya Ji was always kind enough to listen to us whenever we need his attention and has always shown us positive response and assured us on our unmet demands of IMA.

In a recent Swasthya Chintan Shivir held at Kevadia (Gujarat) on 5-7 May, 2022, I had the opportunity to put forth before the Council of Ministers, chaired by Hon'ble Health Minister, Shri Mansukh Madaviya Ji, where entire Council unanimously supported and requested the Chair to take necessary steps on the demands of IMA, as they are genuine demands.

Some of our demands are related to Ministries other than Health Ministry like Ministry of Home Affairs, Ministry of Environment, Forest and Climate Change and Ministry of Consumer Affairs, Food and Public Distribution. Hence, we require your blessings and support to fulfil our demands.

The main demands of IMA are listed below in brief for your kind perusal:

1. CPA: Health services were wilfully excluded from the ambit of CPA 2019 after detailed debate in the Parliament and intervention of the then Hon'ble Minister of Consumer Affairs Late Shri Ram Vilas Paswan in 2019. But the exclusion is not explicitly mentioned in the said act. The representation was submitted to Hon'ble Minister of Consumer Affairs, Shri Piyush Goyal after personally meeting on 2.2.2022. We humbly request you to take up this matter on priority with the concerned Ministry.

2. Central law against violence in healthcare establishment and Doctors: IMA has been pleading with the Government to enact Central law against violence in healthcare establishment and Doctors since 2015. At the behest of the then Hon'ble Minister of Health & Family Welfare, Shri J.P. Nadda, a committee was constituted representing all concerned Ministries. The Health Ministry, in principle, had agreed on the proposed draft prepared by IMA. However, the law is yet to be taken up for formal implementation.

The matter was discussed with Hon'ble Health Minister, Shri Mansukh Mandaviya Ji, on 12th May, 2022 wherein the Hon'ble Health Minister assured that he will take up this matter on priority basis.

Sir, violence against doctors has been a continuous process across the country. Recently the Chief Justice of India has also shown his concern over increasing incidences of violence against doctors. The situation needs immediate attention on priority so that the medical service continues uninterrupted.

We have been requesting the Government to enact similar Central Law in line with Clause 5 and 6 of The Epidemic Diseases (Amendment) Act, 2020 to curb the incidences of violence against healthcare workers and establishments.

3. Death due to medical negligence: The guidelines as proposed and adopted by the Ethics Board of National Medical Commission, as per directions issued by the Hon'ble Supreme Court of India need to be



incorporated in the Criminal Procedure Code (IPC). The Indian Medical Association which was part of the Task Committee constituted by the then President, MCI (Now NMC) has proposed new Section 304C in IPC and new Section 427 A in IPC to enable the Govt to implement the recommendations of the Task Committee effectively.

Further, the Government needs to issue directives to all the State Governments to follow Supreme Courts' Guidelines to conduct an enquiry before filing an FIR in cases of Medical Negligence, and also not to invoke IPC Section 302 in cases of deaths during treatment.

4. Mixopathy: The Notification of CCIM dated 19.11.2020 has created confusion not only among the medical doctors practising modern medicine but also among the public. IMA has been requesting the Ministry of Health & Family Welfare as well as National Medical Commission to take necessary steps so that the curriculum of modern medicine shall not be converted into Mixopathy.

In the recent Swasthya Chintan Shivir held at Kevadia (Gujarat) on 5-7 May, 2022 under the Chairmanship of Hon'ble Health Minister, the Council of Ministers have requested the Hon'ble Health Minister to form a Committee consisting of Leaders of Indian Medical Association, eminent experts from modern medicine (preferably from AIIMS- New Delhi, PGI, Chandigarh and similar Institutions), Ayurveda and Homeopathy streams to finalize the issue of mixopathy. Till that time, there should be no mixing of different systems of medicine for educational or clinical practice.

Sir, we request your intervention in this matter to enforce the NMC to maintain the purity of Modern Medicine and allow the other streams of Ayush grow independently.

5. Dr. B.C. Roy Award: Dr. B.C. Roy Award was instituted in 1973 in the fond memory of Dr. B.C. Roy and was regularly conferred to the eminent medical practitioners by Hon'ble President of India on National Doctor's Day which falls on 1st July every year. However, since 2017 the said Award is not being conferred due to the changes in the management structure of Medical Council of India and National Medical Commission. Request your goodself to restart the practice.

6. CHS Doctors issue regarding enhancement of age of retirement: Though the Government has enhanced the age of retirement up-to 65 years, the doctors are not allowed to continue in administrative posts. As a result, a large number of doctors remain redundant in their departments. It is proposed that these doctors should continue in the administrative posts till the age of retirement.

7. Draft Regulations of licence to practice in India issued by National Medical Commission (NMC): We would like to draw your attention on the Draft Regulations of licence to practice in India as placed by National Medical Commission in public domain for comments. IMA has gone through in detail and discussed this issue in our appropriate forum and feels that the proposed Draft Regulations is defective, plagued by inconsistencies, arbitrariness and aims at annihilating not only the authority of the State Medical Councils but also to make them look puppet in the hands of Ethics and Medical Rating Board in NMC by divesting them of their core authority of registering medical professionals in the concerned States, maintaining State Medical Register thereto, and incorporating additional qualifications thereunder. It is, therefore, requested that Draft Regulations be put on hold and reviewed as per the suggestions already issued by IMA to NMC on 25.4.2022.

Further it is requested that the State Medical Councils should be allowed to continue their functioning as before.

8. Upgradation of security services in various Govt. Hospitals: We have been noticing frequent incidents of violence and riot-like situations in public hospitals where the workload of the doctor is very high especially in emergency services, maternity services and intensive care services. Most of the time the patients are brought at the end stage where the doctors collectively are not in a position to save their lives. Such situations frequently cause unrest among the patient's relatives and incites violence. The security provision through contractual services is quite inadequate as they are not trained enough to handle such emergency situations.



It is, therefore, requested that Central Industrial Security Force (CISF) who are capable of handling such grave situations need to be deployed in the Hospitals. A directive from the Ministry to all the State Governments is required, so that such practices are followed across the country uniformly.

#### 9. Indian Medical Services (IMS):

Uniformity in health services across the country is necessitated due to various National Health Schemes. National Health Mission (NHM) was also created in 1995 to have uniform services in the patient care across the country. The present covid pandemic has once again proved the requirement of centralized uniform dictat for smooth and adequate discharge of health care delivery. Had it been Indian Medical Services during the Covid pandemic, the result of public healthcare delivery would have been more effective and efficient. Apart from giving doctors their well-deserved role and responsibility in national building, it will be the appropriate answer to the current situation and a huge leap into the future.

Indian Medical Services was conceived during the British period and was approved under Section 312 of the Indian Constitution. The rules were also once notified but not implemented. Implementation of Indian Medical Services in line with other All India Group- 'A' services will make the healthcare care in different States inconsonant with the Central Guidelines.

Indian Medical Association has already submitted a detailed report on Indian Medical Services (IMS) prepared by the National Working Group in 2020. Earlier a Report of Study Group constituted by President, Medical Council of India in 2017 is also with Health Ministry for ready reference. IMA requests to take necessary steps to implement the Indian Medical Services based on these reports at the earliest.

Your goodself has always supported us whenever we were in need.

We request you to kindly help us in expediting our demands which are pending with various Ministries.

Thanking you,

With kind regards

Dr. Sahajanand Prasad Singh  
National President, IMA

Copy to: Hony. Secretary General, IMA





Branch Activities



Branch Activities

STATE	BRANCH	TYPE OF EVENT	EVENT	DATE
Bihar	Bhabhua Kaimur	Day	World Hypertension Day was observed by IMA Kaimur Branch at Pihu Hospital.	17-May-22
Kerala	Nedumangad	Camp	IMA Nedumangad in association with IISER TVM organized a blood donation camp. The camp was inaugurated by Dr.Punkesh, Medical Officer Trsfusion Medicine. 48 students have donated blood during the camp.	19-May-22
Andhra Pradesh	Guntur	Session	An Academic session on Jaundice simplified and Endoscopic Ultrasound in current practice was organised at GMA Building	20-May-22
Tamilnadu	Chennai Mogappair	CME	Few CMEs was conducted on the topics of 1. "Current Scenario in FSS" by Dr K.Kamalakkanan, Jt Secretary FSS IMA TNSB. 2. "Asthma Diagnosis & Management" by Dr A Suresh Pulmonologist. 3. "Workshop on inhalational Device for Asthma and Spirometry" by Dr Jayaraman M.D., D.T.C.D. 33 Doctors attended the meet.	22-May-22
Kerala	Kasaragod	Training Programme	a COLS Training programme was conducted for Staff and Inmates of old age Home paravanadkam Kasaragod on 30.4.2022. Total number of Participants were 15. Dr B Narayana Naik Senior Consultant Paediatrician GH Kasaragod, President IMA Kasaragod, Vice President IAP Kerala, Chairman Academic cell KGMOA was conducted the training program.	22-May-22
Kerala	Nedumangad	Workshop	Dr. Abhijith attended workshop on Communication skills at IMA Periyar House, Aluva	22-May-22
Kerala	Nemom	Awareness Programme	WDW of IMA Nemom Branch organised a "Cancer Breast- detection and awareness programme" as a "Valsalyam" camp under the "Swayam" project of WDW in the Vanitha Jail, Attkulangara, Thiruvananthapuram	25-May-22
Tamilnadu	Vellore	Camp	IMA VELLORE organised a Free medical camp at Munjurpattu Blood sugar screening and Blood pressure and Biothesiometer check up done and free medicine given for the patients. Around 162 patients got benefited.	25-May-22
Kerala	Nemom	Camp	A Medical camp was conducted at Kandala Cooperative hospital, Maranallor. Dr.Indira Amma, Secretary led the camp.	26-May-22
Maharashtra	Nagpur	Rally	A Rally was conducted on the occasion of World No Tobaccon Day	31-May-22
Bihar	Bhabhua Kaimur	Day	World No Tobbacco Day was observed by IMA Bhabhua Kaimur Branch	31-May-22
Uttar Pradesh	Lakhimpur	Rally	IMA North Lakhimpur Branch organised a rally on the occasion of World No Tobbacco Day along with the students of different schools	31-May-22
West Bengal	Kolkata	Day	IMA Bengal State Branch along with Kolkata Municipal Corporation (KMC), observed World No Tobacco Day in collaboration with Medica Oncology and MANT (NGO) on 31st May, 2022 at Uttam Manch, Kolkata.	31-May-22





New Delhi	East Delhi	Camp	IMA East Delhi Branch in association with Bharat Vikas Parishad Delhi was organized HB detection camps and Free Iron tablets distribution Camps under "ANEMIA MukT DELHI ABHIYAN"	02-Jun-22
Kerala	Palakkad	Day	IMA Palakkad Branch celebrated World Environment Day at IMAGE CBWTF plant premises organised by IMA Goes Eco-Friendly Project.	05-Jun-22
Madhya Pradesh	Gwalior	Day	Indian Medical Association, Gwalior celebrated the World Environment Week to make the general public aware about the environment, under which many programs were organized to encourage people towards environmental protection.	05-Jun-22
Madhya Pradesh	Gwalior	Rally	On the occasion of World Environment Day, IMA, Gwalior participated with great enthusiasm in the Save Environment Public Awareness Rally.	05-Jun-22
Goa	Bardez	Talk	On the occasion of World Environment Day, IMA Goa State President gave talk on Importance of our Environment to children of Bethesda life Care Orphanage at St. Cruz village. The Children were enlightened to the need to protect the Environment and Mother Earth.	05-Jun-22
Assam	Guwahati	Day	IMA Assam State Branch in association with IMA Guwahati Branch observed "World Environment Day" by organizing a Plantation Drive at Raja Mayang, Pobitora In Morigaon District.	05-Jun-22
Assam	Tezpur	Day	IMA Tezpur Branch observed World Environment day by planting trees at the premises of Kanaklata Civil Hospital, by carried out cleanliness drive in and around Tezpur. They also organized awareness meeting among shopkeepers, local public and distributed plant saplings among public.	05-Jun-22
New Delhi	North Zone	Day	IMA Delhi North Zone observed World Environment Day by organising a Tree Plantation spree at Teachers Park, Nimri Colony, New Delhi.	05-Jun-22
New Delhi	East Delhi	Day	World Environment Day was celebrated by IMA East Delhi Branch in on innovative way and idea was super hit. The branch decided to deliver saplings free of cost at a door step of esteemed members of branch and asked to send a picture with plant and to take pledge to take care of plants like their own kids.	05-Jun-22
Goa	Tiswadi	Day	On the occasion of World Environment Day, Dr. Mahendra kudchadkar and Dr. Anand Dalvi planted saplings at Miramar and Dona Paula, thereby creating awareness and initiating action for protection of the environment.	07-Jun-22
New Delhi	East Delhi	Programme	IMA East Delhi Branch has started "Yoga Fortnight" a program at IMA-EDB Bhawan, Karkardooma	12-Jun-22

**INDIAN MEDICAL ASSOCIATION**

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**PARAMEDICAL COURSES**

Indian Medical Association conducts the following Paramedical courses:

1. Diploma in Medical Laboratory Technology
2. Diploma in X-RAY/IMAGING Technology
3. Diploma in O.T. Technician
4. Diploma in Medical Record Technology
5. Diploma in Cardiac Technology
6. Diploma in Dialysis Technician
7. Certificate Course in Blood Bank Technology
8. Certificate Course in CT
9. Certificate Course in MRI
10. Certificate Course in CT and MRI

**Duration** : Two years for Diploma courses. Six months and one year for Certificate courses.

**Eligibility Criteria** : (i) 10+2 with 40% with science stream (**Physics, Chemistry, Biology, Mathematics, Agriculture, etc.**) for Diploma courses.

(ii) 10+2 from any other stream with minimum 50% of aggregate marks with an undertaking / Affidavit from the students.

For certificate in Blood bank course, eligibility criteria is DMLT, B.Sc. MLT, B.Sc (Micro). For CT and MRI courses, eligibility criteria is two or three years Degree/Diploma in Radiography with internship.

**IMA Paramedical Diploma courses are recognized by Govt. of NCT of Delhi, Department of Health and Family Welfare.**

Diploma in Medical Laboratory Technology and Diploma in X-RAY/IMAGING Technology - both are also running jointly by National Institute of Open Schooling(NIOS), Ministry of HRD, Govt. of India, Noida (U. P) and Indian Medical Association HQs. , New Delhi.

**For details, please contact or write to :**

Dr. Sahajanand Pd. Singh  
National President, IMA

Dr. Jayesh M Lele  
Honorary Secretary General, IMA



## WORLD ENVIRONMENT DAY

To,

The Presidents and Secretaries  
All State / Local Branches of IMA

Greetings from IMA HQs.

5th June is observed as the World Environment Day. The day is observed to raise awareness about the need to protect and restore our environment.

Over the years we are seeing rise in cases of heat stroke, dehydration, water borne diseases, vector borne diseases, malnutrition, allergies, chest infection, cancers, anxiety and depression etc. because of global warming and air pollution. This year's theme is "Only One Earth". Climate changes have put not only human's health in crisis, but also the health of animals and plants.

Unfortunately, in spite of knowing what is at stake, we have not done much. No doubt prime responsibility is of Govt., but private sector and society as a whole have also failed in taking these issues seriously.

It is now, or never. We have to take the lead to bring a balance to halt these changes. Merely raising slogans or doing some activity will not solve the problem. We must come out with time bound implementable economically viable solutions/alternatives.

### How can we make a difference?

During this Environmental Day, we request all State and Local Branches to raise awareness or do some activities among the membership and in public in the following areas.

### Decreasing Green House Effect

The main gases responsible for the greenhouse effect include carbon dioxide, methane, nitrous oxide, fluorinated gases etc leading to ozone depletion and ozone hole. This decrease in ozone is responsible for higher risk of skin cancer, plays a major role in malignant melanoma development, sunburns, quick ageing, eye cataracts, blindness and weak immune system.

Direct exposure to ultraviolet radiations also leads to skin and eye cancer in Animals. UV rays negatively affect Plants and Crops. It lead to minimal plant growth and lower quality crops for humans. And decline in plant productivity would in turn affect soil erosion and the carbon cycle.

Air conditioners are also other source of CFC to escape into the atmosphere. So proper maintenance of air conditioners, to stop CFC to escape into the atmosphere should be emphasized

Most of the cleaning products have chemicals that affect the ozone layer. We should substitute that with eco-friendly products.

### Electronic Vehicles

Petroleum products are polluting our environment with Green Gases. We should propagate use of



Electric Vehicles, sharing rides, use of bicycles or walk for small distances

Grow plants We can do plantation and should encourage in all IMA functions to give plant sapling as gifts.

### Renewable Solar Energy

The solar panels create clean energy. We should create awareness regarding this. Encourage people to buy energy-efficient light bulbs or LED lights. It will decrease our carbon footprint and also lower our electricity bills.

### No to plastic

We all know Plastic has a hazardous effect on the environment, Do some public awareness program and try to bring down in house plastic waste and decrease use of plastic in all MA functions

### Biomedical waste disposal Monitoring

BMW is mainly issue of Health Care Sector but important for all stake holders. Improper handling of this lead to many infectious disease and drug resistant organism as untreated waste going into our drainage, may lead to infections and AMR. So proper monitoring of BMW is important.

### Save water

Jal hi to Jeevan Hai. Rainwater harvesting should be emphasized. Do not waste drinking water. Fix the leaking pipes or dripping taps.

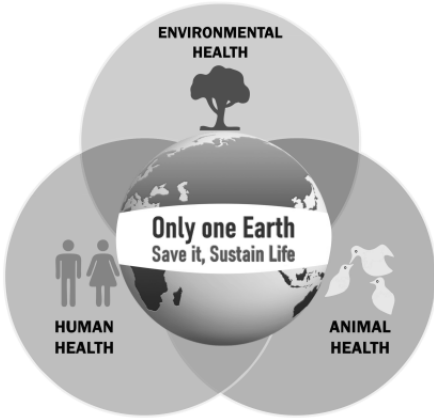
It is our collective responsibility to protect our planet. We are sure our States, Local Branch and Leaders will rise to the occasion and take appropriate steps while celebrating this Day. Let us make a promise to make our planet a greener and healthier place to live.

TOGETHER ONLY WE CAN PROTECT AND RESTORE OUR MOTHER EARTH.

Dr Sahajanand Prasad Singh  
National President,  
Indian Medical Association

Dr Jayesh M Lele  
Hony. Secretary General,  
Indian Medical Association

Dr Narender Saini  
Co-ordinator  
World Environment Day 2022



World Environment Day 2022  
5<sup>th</sup> June 2022



## एड्स: जागरुकता को 450 किमी. साइकिल चलाएंगे

हिंदुस्तान 28.5.2022

सहारनपुर, संवाददाता। मेरठ के वरिष्ठ डॉ. अनिल नौसरान विश्व साइकिल दिवस पर 450 किलोमीटर साइकिल चलाएंगे। दो जून को साइकिल यात्रा की शुरुआत मेरठ से होगी। उसी दिन विभिन्न जिलों से होकर सहारनपुर में पहुंचेगी। साइकिल यात्रा का मुख्य उद्देश्य लोगों को एड्स और स्वास्थ्य के प्रति जागरुक करना है।



डॉ. अनिल नौसरान। • हिन्दुस्तान

उनकी यह साइकिल यात्रा मेरठ, मुजफ्फरनगर, रुड़की, हरिद्वार, देहरादून, पौंटा, सहारनपुर पहुंचेगी। यहां आईएमए साइकिल यात्रा का

स्वागत करेंगी। इसके बाद उसी दिन साइकिल यात्रा मुजफ्फरनगर के रास्ते मेरठ में तीन जून को समाप्त होगी। उनकी यह साइकिल यात्रा करीब 450 किलोमीटर की है।





It's 'HERITAGE,' status. The oldest Medical Association in Asia established on 29th Dec 1928



# INDIAN MEDICAL ASSOCIATION CALCUTTA BRANCH

67, Lenin Sarani, Kolkata - 13, Ward No - 051, Borough-VI

Registered in 1930 under Societies Registration Act, XXI of 1860  
Established on 29th December 1928. Oldest & 1st Medical Association in Asia.

The Heritage Conservation Committee recommended the building as 'HERITAGE'  
on 15th February 2022 & was accepted by Mayor in Council, Kolkata on 13th May 2022

Reasons:

- i) The IMA has had a massive role to play in India's Independence Movement, featuring as a place of rendezvous of an entire galaxy of stalwarts like Dr B.C. Roy, Dr N.R. Sircar, Dr K.S. Roy, Dr Viswanathan, Dr U.N. Brahmachari, Dr R.G. Kar and so on. It is a gesture of respect towards their contribution.
- ii) Architecture is infused with flavour of colonial legacy with beautiful portico, koriborga, neo classical columns, arches, coloured glass panes, etc.

Our team promotes CMEs, Research, free health and public awareness camps and social reforms to uphold the interest of medical fraternity.

Inaugurated on 11th June 2022

*Nirmal Maji*

**Dr Nirmal Maji**  
President

*Mausumi De Banerjee*

**Dr Mausumi De Banerjee**  
Hony Secretary



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